PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE LE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450 or Fax (571)-273-2885



	correspondence including delegation of the correspondence including the co		a) specifying a new corresponding	pondence address; and	Vor (b) indicating a sepa	nould be completed where correspondence address as trate "FEE ADDRESS" for				
CURRENT CORRESPONDE		ock 1 for any change of address)	Fee(s	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as a assignment or formal drawing, must have its own certificate of mailing or transmission.						
SUITE 500 3000 K STREET		/2008	State addr	e Postal Service with	deposited with the United t class mail in an envelope above, or being facsimile					
WASHINGTON	, DC 20007					(Depositor's name)				
	 					(Signature)				
						(Date)				
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.				
10/611,671	10/611.671 07/02/2003				034536-0407	5378				
TITLE OF INVENTION APPLN. TYPE	GEF-HIB: BIOMARE SMALL ENTITY	KERS, COMPLEXES AS	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	```					
nonprovisional	NO	\$1440	\$300	so 09/18	/2008 WABBEL183 000	30089 19611671				
EXAM	INER	ART UNIT	CLASS-SUBCLASS	8	31501 31504					
XIE, XIA	OZHEN	1646	435-069100	,	1440.00 OP 300.00 OP					
Address form PTO/SI	ondence address (or Cha B/122) attached. ication (or "Fee Address 22 or more recent) attach	ange of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Foley & Lardner LLP							
			THE PATENT (print or typ							
PLEASE NOTE: Uni	less an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the pa of a substitute for filing an	atent. If an assignee i assignment.	s identified below, the d	ocument has been filed for				
(A) NAME OF ASSI		•	(B) RESIDENCE: (CITY		NTRY)					
SUGEN,	INC.		San I	Francisco,	CA					
Please check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent):	Individual 🔀 Corpo	ration or other private gr	oup entity Government				
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order -	No small entity discount		ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).							
5. Change in Entity Sta	s SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMALL	ENTITY status. See 37 C	FR 1.27(g)(2).				
NOTE: The Issue Fee an	d Publication Fee (if requested of the United St	quired) will not be accepte ates Patent and Trademar	ed from anyone other than t	he applicant; a register	ed attorney or agent; or t	he assignee or other party in				
Authorized Signature	100-1	Mh			ember 11, 2					
Typed or printed nam	Michele M		· · · · · · · · · · · · · · · · · · ·	Registration No.						
This collection of inform an application. Confider submitting the complete this form and/or suggest	nation is required by 37 (attaility is governed by 33 d application form to the displayment of the state of the state of the displayment of the state of the sta	CFR 1.311. The information of U.S.C. 122 and 37 CFR USPTO. Time will varurden, should be sent to the NOT SEND FEES OF	ion is required to obtain or a 1.14. This collection is est y depending upon the individual to the control office.	retain a benefit by the plimated to take 12 min vidual case. Any commer, U.S. Patent and Tra	public which is to file (an utes to complete, includinents on the amount of ti demark Office, U.S. Dep END TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450.				

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE TE

Mail Stop ISSUE TE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifica	tions.		· · · · · · · · · · · · · · · · · · ·										
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bl		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.										
22428	7590 08/01	/2008											
FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
WASHINGTON									(Depositor's name)				
									(Signature)				
					<u> </u>				(Date)				
APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTO		TORNEY DOCKET NO.		CONFIRMATION NO.				
10/611,671	07/02/2003		Tod R. Smeal			034	536-0407		5378				
TITLE OF INVENTION: GEF-HIB: BIOMARKERS, COMPLEXES ASSAYS AND THERAPEUTIC USES THEREOF													
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PRE	V. PAID ISSUE	E FEE TOTAL FEE(S) DUE		: D	ATÉ DUE				
nonprovisional	NO	\$1440	\$300		\$0		\$1740	1	1/03/2008				
EXAM	INER	ART UNIT	CLASS-SUBCLASS										
XIE, XIA		1646	435-069100	·			- to the state of						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a contract of the page of the p										
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
		A TO BE PRINTED ON											
PLEASE NOTE: Unit recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the Ta substitute for filing	he patent. g an assigi	. If an assigne nment.	e is identi	fied below, the d	locument ha	is been filed for				
(A) NAME OF ASSI			(B) RESIDENCE: (C										
SUGEN,	INC.		Sar	n Fra	ncisco	, CA							
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Indi	vidual 🙎 Co	rporation o	r other private gr	oup entity	Government				
4a. The following fee(s) Issue Fee	ib. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.												
Publication Fee (N	 ☑ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form). 												
5. Change in Entity Sta					•								
* * * * * * * * * * * * * * * * * * * *	s SMALL ENTITY state		b. Applicant is no										
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other the Office.	nan the ap	plicant; a regis	itered attor	ney or agent; or t	he assignee	or other party in				
Authorized Signature					<u></u>		er 11, 2	800					
Typed or printed nam	Michele M	. Simkin		I	Registration No	o. <u>34</u>	,717						
an application. Confiden	tiality is governed by 35 d application form to the ions for reducing this bu 'irginia 22313-1450. DC	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	1.14. This collection is depending upon the i	s estimate individual	ed to take 12 m case. Any cot S. Patent and 1	ninutes to c mments on Frademark	omplete, includir the amount of ti	ng gathering me you req	g, preparing, and uire to complete Commerce P O				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.